

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	10/790,622
Filing Date	March 1, 2004
First Named Inventor	Ragina Naidu
Art Unit	1625
Examiner Name	Ba K. Trinh
Attorney Docket No.	740082.408C1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Hai Han, Ph.D.		
Date	February 2, 2005	Reg. No.	54,150

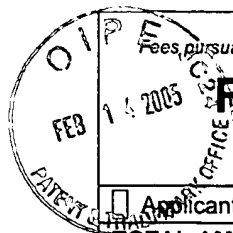
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Jason Añover	Date: February 2, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

557428



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005****Complete if Known**

Application Number	10/790,622
Filing Date	March 1, 2004
First Named Inventor	Ragina Naidu
Examiner Name	Ba K. Trinh
Art Unit	1625
Attorney Docket No.	740082.408C1

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **180.00****METHOD OF PAYMENT (check all that apply)**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
- ☐ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	<u>Small Entity</u> Fee (\$)	<u>Small Entity</u> Fee (\$)	<u>Small Entity</u> Fee (\$)	<u>Small Entity</u> Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____ -20 or HP = _____	X	= _____	_____	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____	X	= _____	_____

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	/50 = _____	_____ (round up to a whole number)	x _____	_____

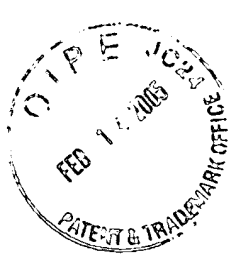
HP = highest number of total claims paid for, if greater than 20

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: <u>Submission of Information Disclosure Statement</u>	180
_____	_____
_____	_____

SUBMITTED BY

Signature	<u>Hai Han</u>	Registration No. (Attorney/Agent)	54,150	Telephone	206-622-4900
Name (Print/Type)	Hai Han, Ph.D.	Date	February 2, 2005		



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

February 2, 2005
Date

Jason Añoover

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ragina Naidu
Application No. : 10/790,622
Filed : March 1, 2004
For : SEMI-SYNTHESIS OF TAXANE INTERMEDIATES AND
AZIRIDINE ANALOGUES AND THEIR CONVERSION TO
PACLITAXEL AND DOCETAXEL

Examiner : Ba K. Trinh
Art Unit : 1625
Docket No. : 740082.408C1
Date : February 2, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents:

In accordance with 37 CFR 1.56 and 1.97 through 1.98, applicant wishes to make known to the U.S. Patent and Trademark Office the references set forth on the attached Form PTO-1449. Copies of the cited U.S. patents and published patent applications are not required and accordingly have not been provided. Copies of all other cited references are enclosed. As to any reference cited, applicant does not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103,

and specifically reserves the right to traverse or antedate any such reference, as by a showing under 37 CFR 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicant's duty to disclose all information she is aware of which is believed relevant to the examination of the above-identified application, applicant believes that her invention is patentable.

Please acknowledge receipt of this Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

A fee of \$180 is submitted in accordance with 37 CFR 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,
Seed Intellectual Property Law Group PLLC



Hai Han, Ph.D.
Registration No. 54,150

Enclosures:

Postcard
Check
Form PTO-1449
Cited References (3)

701 Fifth Avenue, Suite 6300
Seattle, Washington 98104-7092
Phone: (206) 622-4900
Fax: (206) 682-6031

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FORM PTO-1449 (REV. 7-80)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. 740082.408C1		APPLICATION NO. 10/790,622	
INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary)				APPLICANT Ragina Naidu		GROUP ART UNIT 1625	
				FILING DATE March 1, 2004			

RECEIVED
FEB 14 2005
PATENT & TRADEMARK OFFICE

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
AA	4,814,470	03/21/89	Colin et al.	514	449		
AB	4,924,011	05/08/90	Denis et al.	549	510		
AC	4,924,012	05/08/90	Colin et al.	549	510		
AD	5,175,315	12/29/92	Holton	549	510		
AE	5,808,113	09/15/98	Murray et al.	549	510		
AF	10/695,416		Naidu			10/27/03	
AG	10/877,789		Naidu			06/25/04	
AH	10/881,711		Fan et al.			06/29/04	
AI							
AJ							

FOREIGN PATENT DOCUMENTS						
DOCUMENT NUMBER	DATE	COUNTRY	TRANSLATION			
			YES	NO		
AK						
AL						
AM						
AN						
AO						

OTHER PRIOR ART <i>(Including Author, Title, Date, Pertinent Pages, Etc.)</i>			
AP			
AQ			
AR			

EXAMINER	DATE CONSIDERED
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* EXAMINER: Initial if reference considered, whether or not criteria is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).